

Tracts 1240.

THE
REPORT OF A COMMITTEE,
ON THE
NEW POOR LAW ACT,
APPOINTED BY
THE PROVINCIAL
MEDICAL AND SURGICAL
ASSOCIATION,
AT ITS
ANNIVERSARY MEETING, HELD AT OXFORD,
AND READ AT THE

ANNIVERSARY MEETING, HELD AT MANCHESTER,



JULY 21st, 1836.

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PROCEEDINGS
AT THE
FOURTH ANNIVERSARY MEETING
OF THE
PROVINCIAL
MEDICAL AND SURGICAL ASSOCIATION,
HELD AT MANCHESTER.

MEETING OF THE COUNCIL AT THE ROYAL INSTITUTION.

THE business commenced on Wednesday, July the 20th, 1836, at one o'clock, when the Members of the Council assembled in the Council Room of the Royal Institution, to transact the current business of the Association, and to arrange the plan of the public business for that and the succeeding day.

One of the most important topics discussed in Council was, as to the place of holding the next Anniversary Meeting. Dr. Hastings stated that he had received communications from Leeds and from Cheltenham, expressive of a strong desire to entertain the Association next year; but the Council were unanimously of opinion that it would be inexpedient to hold a meeting in Leeds the year after holding one in the neighbouring town of Manchester. A discussion next arose as to the holding of the meeting at Cambridge, an impression

having gone forth that that University had been virtually fixed upon for the next meeting; but a communication received from Professor Haviland, strongly intimating that it would be to the interest of the Association to defer meeting at that University for a time, and a communication also from Dr. Thackeray corroborative of that view, induced a change of opinion on this point in several members of the Council. Mr. Crosse, of Norwich, urged that the meeting should take place at Cambridge, mentioning, among other considerations, that the Eastern Association, which contains already 177 members, had fixed on that University in the expectation that this Association would meet there next year. It appeared, however, to be almost the unanimous opinion that it would be expedient to comply with the recommendation for delay made by Professor Haviland; and the propriety of meeting at Cheltenham, came therefore under consideration. Professor Kidd suggested, and Dr. Johnstone, Dr. Conolly, and others, cordially seconded the suggestion, that it would be a most acceptable and deserved compliment to Dr. Hastings, to have the next meeting in Worcester, the city in which the Association was originally formed. Dr. Hastings, however, questioned the policy of the proposition, whilst he acknowledged the kindness which dictated it; and other gentlemen from Worcester concurring in this view, that idea was abandoned; and it was at length agreed to suggest Cheltenham to the public meeting as the next place at which to meet, and to propose Dr. Boisragon as President.

Before the Council broke up, Dr. Conolly drew its attention to the case of Dr. Beaumont, an English physician, resident in Paris, who was a member of a "Society for the Rights of Man," and has been sentenced to perpetual labour on the public works of France in chains; his object being, in mentioning the case, to take the sense of the Council on the propriety of bringing before the Association, in public meeting, a petition to the King of the French from the medical practitioners of England, praying the extension of his royal clemency to the unfortunate man. Dr. Conolly disavowed all political

feeling in the matter, and said it was far from his object or intention to palliate or excuse the folly of which Dr. Beaumont had been guilty in joining such a society. He regarded the ease only as that of a man, a brother of the profession, in distress. Dr. Beaumont was educated at Queen's College, Oxford, where he took honours, and was very much respected by those who knew him, ten or eleven years ago. He was a man of character, he believed, and therefore he thought the expression of sympathy would not be thrown away. Dr. Johnstone, Professor Kidd, and Dr. Barlow, applauded the motives which actuated Dr. Conolly, but disapproved any interference of the Association in such a petition. Dr. Brown contended that the question was one of humanity, not of politics, and might fairly be considered by the Association. Dr. Conolly, however, bowed to the former opinion, and intimated his intention to get signatures to the petition in a way not objectionable.

The Council then adjourned.

GENERAL MEETING AT THE ROYAL INSTITUTION.

In the evening, at eight o'clock, the members of the Association assembled in the room of the Royal Institution, usually devoted to the Church Society. The attendance was both numerous and respectable. Amongst the medical gentlemen from a distance were—Dr. Kidd, Regius Professor of Medicine in the University of Oxford, and last year the President of the Association; Dr. Brown, of Sunderland; Dr. Francis Fox, of Brislington House; Dr. J. Johnstone, of Birmingham; Dr. Shaw, of Leicester; Dr. T. H. Starr, of Leamington; Dr. Hastings and Dr. Streeten, of Worcester; Dr. Barlow, of Bath; Dr. Conolly, of Warwick; Dr. Crowther, of Wakefield; Dr. Moulson, of Halifax; Dr. Ashton and Dr. Turner, of Stockport; Dr. Kendrick, of Warrington; Dr. Goldie and Mr. Crawford, of Shrewsbury; Dr. J. C. Williams, of Nottingham; Dr. Dudley, of Stourbridge; Dr. Llewellyn Jones, of Chester; Dr. Black, of Bolton; Dr. Barnes, of Carlisle; Dr. Knight, of Sheffield; Dr. Walker, of Huddersfield; Dr.

Jeffreys, Dr. Scott, Dr. Banning, Dr. Ramsay, Dr. Squires, and Dr. Macrorie, of Liverpool; Mr. Wm. Evans, of the Madras Medical Service; Mr. J. G. Johnson and Mr. J. G. Crosse, of Norwich; Mr. Nankivell, of Coventry; Mr. W. H. Rumsey, of Chesham; Mr. R. Ceely, of Aylesbury; Mr. H. L. Smith, of Southam; Mr. J. Bedingfield, of Stowmarket; Mr. C. H. Hebb, Mayor of Worcester; Mr. T. L. Surragé, of Clifton, near Bristol; Mr. J. Griffiths, Mayor of Hereford; Mr. Beaumont, of Bradford; Mr. Wolstenholme, Mr. G. Mallett, Mr. Jos. Denham, and Mr. Moore, of Bolton; Mr. A. Sunderland, of Stalybridge; Mr. T. P. Teale, Mr. J. Hey, Mr. S. Smith, and Mr. Hare, of Leeds; Mr. W. B. Dickenson, of Macclesfield; Mr. Tudor, of Bath; Mr. J. A. Bennett, of Altrincham; Mr. Jos. Webster, of Derby; Mr. Bagnall, of Chester; Mr. G. W. Hardy, of Warrington; Mr. E. Lynn, of Runcorn; Mr. H. H. Broughton, of Dobcross; Mr. T. Dugdale, of Blackburn; Mr. Wood and Mr. S. Kay, of Ashton; Mr. Wood, of Rochdale; Mr. J. Elliot, of Lees; Mr. W. and Mr. F. R. Tinker, of Hyde; Mr. B. Lupton, of Cheadle; Mr. F. Flower, of Chilcompton, near Bath; Mr. J. Medd, Mr. T. Mickley, Mr. T. Cheetham, Mr. J. Rayner, Mr. J. Brooke, Mr. J. Downs, Mr. R. Flint, and Mr. J. Thompson, of Stockport; Mr. J. Parr, of Liverpool; Mr. W. Begley, of Glossop; Mr. R. Brown, of Preston; Mr. T. Gough, of Kendal; Mr. T. Jones, of Ruthin, Denbighshire; R. C. Alexander, M.B. and Mr. R. H. Alexander, of Corsham, near Chippenham; Mr. J. Dudley, of Stourbridge; Mr. T. Fawsitt, of Oldham; Mr. J. Woodcock and Mr. W. Dunlop, of Bury.—And of those practising in Manchester, Salford, or adjoining towns, there were present—Dr. Holme, Dr. Lyon, Dr. Wood, Dr. Howard, Mr. Turner, Mr. Windsor, Mr. D. Noble, Mr. J. Robertson, Mr. J. Boutflower, Mr. W. J. Wilson, Mr. A. M. Heath, Mr. F. R. Keer, Mr. G. Plant, Mr. Carew, Mr. J. Newbold, Mr. W. N. S. Cooper, Dr. James L. Bardsley, Dr. Marshall, Dr. Harland, Dr. Chaytor, Mr. Jordan, Mr. R. T. Hunt, Mr. J. E. Partington, Mr. J. A. Ransome, Mr. H. Ollier, Mr. W. Barker, Mr. H. F. Lewis,

Mr. J. Jesse, Mr. A. W. Dumvile, Mr. W. B. Stott, Mr. W. Cochrane, Mr. J. Ainsworth, Mr. Jos. Garside, Mr. J. Ayre, Mr. S. Gaskell, Mr. W. W. Beever, Mr. E. Holroye, Mr. R. Allen, Mr. Greaves.

On the motion of PROFESSOR KIDD, seconded by DR. HASTINGS, DR. HOLME, President for the year, was called to the chair. He opened the proceedings with a short address, in which, among other matters, he intimated the advantages which gentlemen would derive, if, after the business of the Association was at an end, they could spend a day or two in the investigation of the state of society in Manchester, particularly among the working classes; and in observing the influence which the introduction of manufactures, and the limiting the hours of labour, have upon the health and comforts of the poor. For these inquiries every facility would be afforded by the liberality of the manufacturers of the place. The members of the Association were, doubtless, all aware that considerable diversity of opinion prevailed regarding it, but he was sure gentlemen belonging to an honourable profession would approach the question with unbiassed minds, and see for themselves how far the representations which had gone forth to the world were consistent with truth.

DR. HASTINGS next read the Report of the Council.

THE REPORT OF THE COUNCIL FOR 1836.

In returning to the annual duty which devolves upon the Council, of submitting to the members of the Association a short statement of those circumstances which appear necessary to put them in possession of the general outline of their proceedings, your Council cannot more effectually show the rapid progress which this Institution is making, than by alluding to such points as are of prominent importance. At the fourth Anniversary of this Association, held in Manchester, a town long celebrated for its patronage of scientific societies, the Council have to announce the gratifying and encouraging fact, that the number of members now amounts to 600, being an

increase of 100 since the anniversary meeting at Oxford ; whereas, in the previous year the Association received an accession of 50 members, showing, as your Council conceive, that the interest taken by the Provincial profession, in the proceedings of this society, is even greater than formerly.

In addition to this, since the Oxford meeting, our professional brethren in the Eastern Provinces have formed an Association on the same plan as our own, and have held two General Meetings, one at Bury St. Edmund's, on the 25th day of September, 1835, when the Eastern Provincial Medical and Surgical Association was formed ; and a second at Ipswich, on the 6th of June, 1836, when the members unanimously came to the resolution to seek an intimate connexion with the Parent Association, for the purpose of co-operating with it in the advancement of medical science. That such a junction is desirable, every advocate for extensive and cordial union among the members of a profession which, more than any other, stands in need of some such bond, will admit ; but opinions may vary as to the manner in which the junction should be effected. The overture made by our Eastern brethren is explained by the following resolution passed by their Association at Ipswich, viz. :—"That Mr. Crowfoot, of Beeches ; Dr. Fisher, of Cambridge ; Dr. Stevens, of Ely ; Mr. Crosse, of Norwich ; Dr. Barrett, of Norwich ; and Mr. Bedingfield, of Stowmarket, be appointed a Deputation to attend at the Manchester Meeting of the Parent Association, for the purpose of effecting a junction of the two societies, with the view of jointly publishing *Transactions*, and holding, once in a few years, a meeting of the two societies in one of the large towns of the eastern counties.

Your Council have also received, through the Secretary of the Eastern Association, a statement of the terms upon which the junction is proposed to be brought about by a highly respectable Committee of the Eastern members ; and think it better to lay these terms before the assembled members of this Association, in order that they may be prepared to give a calm and patient consideration to this important subject.

- 1.—That in the month of July, in each year, the Eastern Association shall pay two-thirds of the annual subscription of one guinea, received from each of its members, into the hands of the Secretaries of the Parent Association.
- 2.—That each member of the Eastern Association shall receive volume iv. of the *Provincial Transactions*, now in the press; and also any other volumes or pamphlets which may hereafter be published by the Parent Institution.
- 3.—That all papers or memoirs written by members of the Eastern Association, and sanctioned by its Council as deserving of publication, shall be printed in the fifth or subsequent volumes of the *Transactions*.
- 4.—That a meeting of the two Societies shall be held once in four or five years, in one of the large towns of the six eastern counties.
- 5.—That the names of the members of the Eastern Association, and also of its Council and Officers, shall be printed in the fifth volume of the *Transactions*.

Having laid before the meeting the terms proposed by the Committee of members of the Eastern Association, the Council leave it to the members to determine whether they will comply with these terms, or introduce others modifying the details; or whether they will come to the resolution of entertaining no proposition upon this subject, but such as has for its object to make the two Societies to all intents and purposes one.

The finances of the Association are, happily, in a state to give no cause for anxiety as to the failure of means to carry on the great objects which occupy our attention. The income for the past year, including what was in hand at the last meeting, amounts to £718 15s. 9d.; and the expenditure to £498 18s. 3d.; leaving a balance of £219 17s. 6d. in the hands of the Treasurers. This balance is certainly considerable, if we advert to the expensive style in which our *Transactions* are got up. Still there are several defaulters among

our members, and the list of arrears is heavy. On this account the Council recommend an improved mode of collecting the subscriptions of members by paid agents. Collectors might be appointed in several districts, who may receive a per centage on the sums paid by them to the members of the Council in their neighbourhood; by which means it is probable there would be greater regularity ensured in the payment of subscriptions, and a consequent increase of income.

The present year has produced a greater number of contributions from members to the *Transactions* than any former year. This has necessarily led to the publication of a larger volume; and of the intrinsic merit of the communications the Council need only remark, that it is such as fully to sustain the high character of the previous volumes. The Council cannot forbear regretting that so few of the large Provincial Hospitals and Infirmaries send statistical records, and reports of their cases; but they hope that the various considerations that should prompt the medical officers of these Institutions to increased zeal in this particular, which are stated in the interesting and instructive observations made by Dr. Walker, on the Medical Charities of England and Ireland, will have their due and proper effect on the enlightened members of this Association. The Council owe an apology to several members of the Association who have sent contributions highly deserving of publication; but they will see at once, by referring to the size of the volume, that the limits within which the Council are necessarily restrained, have compelled them to postpone the publication of these communications till the appearance of another volume. It is necessary to mention that the first volume of the *Transactions* is out of print; and in order to determine on the propriety of publishing a second edition, it is requested that every member who wishes to complete his sets of the *Transactions*, will give information of the same to Messrs. Sherwood and Co., Paternoster Row, London.

As there are several Reports on special subjects of investigation to be delivered in at the present meeting, some of

which will be postponed to a future Anniversary, the Council do not think it necessary to nominate any Committees for the purpose of drawing up reports for the next Anniversary Meeting; but they are of opinion that it is desirable to call the attention of the Association to a subject which they deem of great importance. The investigation of Epidemic Diseases was one of the first objects to which the attention of the Association was directed. It was announced in the Prospectus issued by the first Committee, and adopted and confirmed at the General Meeting at Worcester, in 1832. Impressed with the importance of the subject the Council now recommend it to the notice of the Association, in the confident expectation that the united efforts of its members will tend to remove the obscurity which at present envelopes that class of diseases. The Council perfectly agree with one of the latest writers on the subject, the able writer of the article Epidemics in the *Cyclopædia of Practical Medicine*, states that "if medical observers had been content to mark with simplicity the series of events belonging to Epidemics, like Hippocrates and Sydenham, we should not have been so much in the dark at the present day." Convinced that an extensive accumulation of facts is, above all things, essential, the Council earnestly request each member of the Association to keep a register of the rise, progress, and decline of epidemics in his district, being very particular as to dates and localities; and as the object desired is to discover, if possible, the effects of external influences in the production and propagation of these diseases, the condition of the atmosphere should also be registered, particularly its barometrie, thermometrie, and hygrometrie states. The registering of these, as indicated by the proper instruments, it is hoped may not be found troublesome, when the value of actual observations bearing upon this subject is considered. The object at present is not to build a theory, but to record facts, from which useful deductions may eventually be drawn, and having stated this, the Council feel satisfied that each member will feel it his duty to contribute his quota towards so desirable an end. The register completed to the last day of May in each year,

should then be forwarded to the nearest member of the Council, by whom it will be transmitted to the Secretaries. On a subject where the want of extensive and careful observation is felt and lamented, the Council feel warranted in asserting that they expect the most satisfactory results from the combined observations of the Medical Association, forming a phalanx of observers never before known in the annals of British medicine.

In compliance with the resolution passed last year, respecting the formation of a Benevolent Fund, various local Committees have been formed, with whom the Central Committee have communicated; the latter have also proposed a form of rules and regulations which has been generally approved of by the Local Committees, and which will at this meeting be submitted to the Association. The amount of subscriptions received, with other matters concerning the Benevolent branch of the Association, will be stated in a short Report that will be presented from the Central Committee. The importance of this subject, and of another which engaged the attention of the Association last year, viz. the operation of the New Poor Law Act, as it affects the medical attendance on the sick poor, is such as to have induced the Council to provide rooms for the especial accommodation of the Committees appointed to manage these affairs; and members wishing to make any communications upon these matters are requested to give the Committees their assistance.

No contribution has been paid to the Prize Essay Fund during the past year; and the Council submit that at the ensuing Anniversary, should no further addition have been received, it will be desirable to make some appropriation of the sums which have been already announed.

The Council, in terminating their Report, cannot avoid expressing the high gratification which they experience in the contemplation of the present posture of the affairs of the Association, and of its rapid advancement to usefulness and distinction. Without venturing to prophesy the future destiny of this Association, should its members continue to progress

in the active and bold career which they have commenced, it is enough to state, that such an Association as that of which we now celebrate the Fourth Anniversary is unexampled in the History of Medical Science; and that it has raised the character of Provincial practitioners, and united them in the firm bond of mutual co-operation for the advancement of medical knowledge.

CHAS. HASTINGS, M.D. } Secretaries to the
J. P. SHEPPARD, } Association.

On the motion of PROFESSOR KIDD (of Oxford), seconded by DR. JOHN JOHNSTONE (of Birmingham),—

Resolved—That the Report of the Council be approved and adopted.

On the motion of MR. TUDOR (of Bath), seconded by DR. JEFFREYS (of Liverpool),—

Resolved—That a Committee of six members be appointed to meet the Deputation from the Eastern Provincial Medical and Surgical Association; and to consider whether a junction of the two Societies is desirable, and if so, on what terms it shall take place; and that the Committee be requested to report their opinion on these points to the General Meeting of the Association to-morrow.

Dr. Barlow.

Dr. Kidd.

Mr. Hebb.

Mr. Jordan.

Dr. Streeten.

Dr. Brown.

On the motion of DR. SCOTT (of Liverpool), seconded by MR. RANSOME (of Manchester),—

Resolved—That the thanks of the meeting be given to Dr. Kidd, the late President; and that he be appointed a permanent Vice-President.

DR. SCOTT, in moving the resolution, spoke in terms of high praise of the manner in which the Association had been entertained last year at Oxford; and particularly alluded to the distinguished honour paid to the Association by the University in the conferring of Degrees upon two of its members, Dr. Prichard and Dr. Abercrombie.

DR. KIDD, in his reply, said, that slight as the compliment might be, it was the first of the kind which had been conferred for fifty years. (*Hear.*) He had himself resided constantly within the University for forty-three years, and he remembered that at a very early period of his residence, when it was proposed to confer a Degree of Doctor of Medicine by diploma on Jenner, the opposition to it was such as could not be overcome. Twenty years elapsed, and with great difficulty and very grudgingly the degree, again proposed, was conferred. But the last ten years had made a considerable alteration in the feelings of Oxford. They had seen the diffusion of knowledge which had taken place during that period, and they were now as ready as individuals could be to testify their sense of this mental improvement by conferring such marks of distinction as they had to bestow. Thus it was, that when he took the liberty of last year making a proposal to the Vice-Chancellor, to be by him submitted to the Heads of Houses, they most heartily and at once concurred in it, saying, that by conferring the degrees they would be doing themselves credit. (*Loud applause.*)

DR. BARLOW (of Bath) said it would be a waste of the time of the meeting to utter a single expression in praise of the resolution which he had to move; but he might say that it could not have been placed with more propriety in the hands of any other person, because it happened that his (Dr. Barlow's) knowledge of the Association preceded (to use an Hibernicism) its formation. When the first conception of it glanced across the mind of Dr. Hastings, he (Dr. B.) was the earliest friend he consulted, and he had his cordial encouragement to persevere in the noble career he had opened. He never doubted of success, and every body now perceived the justness of his anticipations. He moved—

That the thanks of the meeting be given to Dr. Hastings and Mr. Sheppard, the Secretaries; and that they be requested to continue their services.

MR. HEBB (of Worcester), in seconding the motion, said

he was happily placed in the position of an individual who had an admirable prescription before him, and had only to say "*repetatur.*" (*Applause.*) But were he to add some three or four words more, they should be "*si monumentum quæris circumspice.*" (*Applause.*)

DR. HASTINGS briefly replied for himself and Mr. Sheppard.

DR. CONOLLY (of Warwick), in proposing the next resolution, commended the arrangements made for the reception of the Association in Manchester; and spoke of the high pleasure it had afforded him, in his attendance at each Anniversary, to meet so many eminent men, who united with all that was admirable in science all that was estimable in character. He moved—

That the thanks of the meeting be given to the Council for the last year; and that they be requested to continue their services, with the following additional members:—

Dr. Haviland, Professor of Medicine in the University of Cambridge.

Dr. Williamson, of Leeds.

Mr. J. W. Wilton, of Gloucester.

Dr. Vassall, of Aberystwith.

Dr. Travers Cox, of Yarmouth.

Dr. Hudson, of Navan, Ireland.

Mr. Jordan, of Manchester.

Dr. Kay, of Clifton, Bristol.

Dr. Turner, of Stockport.

Mr. John Needham, of Leicester.

Dr. John Alexander, of Manchester,

Dr. Lyon, of Manchester.

Mr. Hunt, of Manchester.

Mr. Noble, of Manchester.

Mr. Boutflower, of Manchester.

DR. BROWN (of Sunderland) seconded the motion, which was carried unanimously.

On the motion of DR. GOLDIE (of Shrewsbury), seconded by MR. JOHNSON (of Norwich),—

Resolved—That the thanks of the meeting be given to Dr. Clark and Mr. Hebb, for the trouble they have taken in communicating with our Foreign members; and that Dr. Clark be requested to offer the same to Dr. Nassé, for his paper.

MR. HEBB briefly replied.

MR. TURNER (of Manchester), after paying a warm tribute to his friend, proposed—

That Dr. James Lomax Bardsley be requested to deliver the Retrospective Address at the Anniversary Meeting for 1837.

DR. STREETEN (of Worcester) seconded the motion, remarking, that highly as his townsmen might estimate the merits of Dr. Bardsley, they did not estimate them more highly than he.—The motion was carried with applause, and the compliment briefly acknowledged by DR. BARDSLEY.

The Report of the Committee of the Benevolent Branch of the Association was then called for from the Chair, and read as follows:—

THE REPORT OF THE COMMITTEE FOR ESTABLISHING
A BENEVOLENT SOCIETY.

The Committee appointed to promote the establishment of the Provincial Medical and Surgical Benevolent Society have not been inattentive to their duty. They have circulated papers expressive of the objects of the Society, and they have drawn up a code of regulations for its management. These regulations have been submitted to the examination of the several local Committees, and they are now laid before the General Meeting of the Association.

In drawing up these regulations, the Committee have endeavoured strictly to fulfil the recommendations which received the sanction of the last meeting at Oxford. They have found, however, difficulties in accomplishing this object which they could not well surmount, in as much as two schemes were involved in these recommendations; both of them, certainly,

most praise-worthy, but which could not be made to coalesce in the same society. The one took for its basis the principle of a Benefit Club,—stipulated payments securing stipulated advantages. The other regarded merely the establishment of a Benevolent Fund, having for its object the relief of distressed medical men and their families, irrespective of all other claims but their misfortunes.

After most mature consideration the Committee found it impossible to combine these two objects in one institution. To work them successfully, separate funds and separate management are manifestly required; under such circumstances the Committee have been constrained to abandon the former and confine themselves to the latter part of the scheme, namely, the accumulation of a Benevolent Fund applicable to the objects, and governed by the principles which are laid down in the proposed regulations. They feel the less reluctance in recommending this course, as there are many societies now in existence which offer to gentlemen, who are disposed to become members, all the advantages which can be anticipated from that part of the scheme which they think it expedient to decline.

It is, moreover, to be observed, that the course now recommended agrees with the plan originally proposed at the meeting at Bristol. It likewise is in accordance with some of the most valuable and beneficent Institutions in this kingdom: as examples the Committee would especially refer to the Clerical Charities established in different Dioceses, and to the Literary Fund.

Should the plan prosper, provision will be made for relieving casual cases of distress among medical men and their families; and likewise for granting annuities and loans under peculiar circumstances. The annual subscriptions, it is hoped, may meet the former, while it is proposed to fund the bequests and donations in order to provide for the other two objects.

The machinery by which it is proposed to conduct the affairs of this Society is extremely simple, and little doubt can be entertained of its success if it finds favour with the

profession at large : unless, however, this should be the case, and unless the several Committees shall take advantage of every such favourable impression, and endeavour to extend and confirm it, a beneficial result cannot be anticipated. The Committee have not received replies respecting the proposed regulations from every local Committee, but, with one single exception, all that have been sent are alike favourable to the principle of the Institution, and to the details by which it is to be carried into execution. When both are fully understood the Committee cannot help entertaining the hope, that the Society will receive that support which it really merits, be an honour to the profession, and beneficial to its suffering members.

Finally, the central Committee have another suggestion to offer, which they would humbly but earnestly submit to the consideration of every member of the Association. The affairs of the Association are now in a prosperous condition, and the increasing number of its members, and its own intrinsic merits, afford the strongest reason for believing that its income will continue to augment, and ultimately to form a fund considerably beyond its actual expenditure. Should this be the case, the Committee hope that they are not overstepping the line of duty if they should ask the members, whether a portion of this surplus could be employed in a more praise-worthy or becoming manner than in promoting the objects of the Benevolent Society? Let every purpose of the Association, that can be accomplished by the aid of money, first be duly provided for, and then let the overflowings of its treasury be appropriated to swell the Benevolent Fund. The Provincial Medical and Surgical Association and the Benevolent Society would thus be united, not in name only, but in truth and reality. The cultivation of medical science and the relief of our suffering brethren and of their families would advance in close and cordial union, and the result would, doubtless, be not less honourable to the intellectual than to the moral character of our profession.

JOHN BARON, M.D. President.

WM. CONOLLY, Secretary and Treasurer,
pro temp.

Treasurer's Account, July, 1836.

	£.	s.	d.
Amount of Donations announced	199	7	0
Annual Subscriptions announced	49	7	0
	<hr/>		
	248	14	0
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Donations received by the Treasurer	106	5	0
Annual Subscriptions received by the Treasurer	22	1	0
	<hr/>		
	128	6	0
Disbursements as below	11	15	3
	<hr/>		
Balance in the Treasurer's hands	116	10	9
	<hr/>		
There remains due of the Donations announced	93	2	0
Annual Subscriptions due	27	6	0
	<hr/>		
	120	8	0
	<hr/>		

DISBURSEMENTS, VIZ.

Carriage of parcels and postage of letters	0	19	3
Accompt books and stationary	2	4	0
Printer's bill	8	12	0
	<hr/>		
	11	15	3
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On the motion of Mr. CROSSE (of Norwich), seconded by Mr. BEDINGFIELD (of Stowmarket),—

Resolved—That the Regulations of the Provincial Medical and Surgical Benevolent Society, proposed by the central Committee, be adopted.

That the central Committee and different local Committees be requested to continue their services, with power to add to their numbers.

That the Treasurer be authorised to deposit the money in his hands with the Gloucestershire Banking Company.

That those Subscribers who have not paid their donations and subscriptions be requested to do so without delay.

Dr. HASTINGS took objection to that passage of the Report in which it was recommended that, at a future period, a por-

tion of the surplus general fund of the Association should be devoted to the purposes of the Benevolent Fund. His own impression was, that that could never be done, inasmuch as the general fund was expressly to be applied to scientific purposes. In order, also, to give a character of permanence to the Medical Association, he was desirous hereafter to see a portion of its surplus revenues invested in the public securities, and thereby to give means of usefulness to the Association independent of its subscriptions. He conceived that if proper activity were used the Benevolent Fund would never want support, and he should be indisposed to stay the stream of benevolence in that channel, which would be done if this proposition were acceded to.

DR. BARLOW concurred in thinking, that it would not be desirable to appropriate any portion of the general fund to the purposes of the Benevolent Society; and mentioned that other contributions to the Benevolent Fund had been received since the date of the Report.

DR. KIDD next read to the meeting a paper, consisting of remarks on the anatomical and physiological works of Galen.

DR. KENDRICK (of Warrington), in proposing a vote of thanks to Dr. Kidd, said he had been connected with his profession more than fifty years, and he set down that as the happiest day of his life, because he saw that this society would have a great tendency to make medicine what it ought to be, the greatest temporal blessing to mankind. If so base a passion as envy could find a place in his breast, he should envy the man who first gave an impulse to the Association, and he sincerely wished that he might live to see the day when it would be considered a disgrace, and an indication of a want of professional zeal, not to be connected with it. He concluded by moving—

That the cordial thanks of this meeting be given to Dr. Kidd for his able remarks on the Anatomical and Physiological Works of Galen, and that he be requested to publish the same in the forthcoming volume of *Transactions*.

MR. TEALE (of Leeds) seconded the motion, and bore testimony to the knowledge possessed by the ancients, and those of the middle ages. He said they would be surprised to find how little of anatomical and physiological science belonged to our own times. Although they met with facts new to themselves, they ought not to conclude forthwith that they had not been previously ascertained. It was, on the contrary, the duty of all engaged in such pursuits, when they met with facts previously unknown to them, to ascertain whether they had not been previously recorded, before they communicated them to the public.

The motion was then unanimously adopted, and briefly acknowledged by DR. KIDD.

THURSDAY—THE SECOND DAY OF THE MEETING.

The members of the Association met again this morning, at twelve o'clock, the attendance being again numerous. DR. HOLME having taken the Chair, DR. HASTINGS drew attention to the fact that Reports on various subjects, which gentlemen had at former meetings been deputed to draw up, had not yet been received. Thus the Report on Provincial Medical Schools, which should have been presented last year at Oxford, but for the non-presentation of which valid reasons were then given, had not been delivered in. This subject, particularly, was one which had attracted a great deal of interest, but if delayed the interest would fail. He mentioned the matter, not intending to impute individual blame, but wishing to impress on gentlemen who were selected, the necessity of observing the time fixed for the reception of these Reports.

MR. CROSSE then read his Retrospective Address for the past year.

On the motion of MR. GRIFFITHS (of Hereford), seconded by MR. HEY (of Leeds),—

Resolved—That the thanks of the meeting be given to Mr. Crosse for his excellent Address, and that he be requested to print the same.

REPORT OF THE COMMITTEE APPOINTED TO CONSIDER THE
PROPOSALS OF THE EASTERN ASSOCIATION.

DR. KIDD then read the Report of the Committee appointed to confer with the Deputation from the Eastern Association.

The Committee having carefully considered the subject submitted to them, and examined the several opinions expressed on it, both by local Councils and individual members, in so far as the very limited time allowed them permitted, beg to present the following report.

Although the opinions expressed by various local Councils and numerous individuals, on the original proposals of the Eastern Association, were found to be such as to offer the strongest barriers to the proposed union, yet those proposals having been since so modified as to hold out a hope of ultimately effecting that union, the Committee, unwilling to come to a determination adverse to the wishes of the Eastern Association, think it right that the members at large should have the opportunity of forming a deliberate judgment on the subject, and therefore recommend that the consideration be postponed, with a view to arrangements being devised which may be satisfactory to all parties; such arrangements to be submitted to the decision of the next Annual Meeting.

J. KIDD, CHAIRMAN.

Thursday, July 21st, 1836.

On the motion of MR. WILSON (of Manchester), seconded by MR. BAGNALL (of Chester),—

Resolved—That the Report of the Committee who met the Eastern Deputation be approved, and its recommendations adopted.

On the motion of PROFESSOR KIDD (of Oxford), seconded by DR. BARLOW (of Bath),—

Resolved—That the thanks of this meeting be given to the members of the Eastern Association who have so kindly attended the Anniversary of this Association to negotiate the union of the two bodies, by which the great objects of this Association—the advancement of medical science, and the

promotion of harmony and good feeling among the several branches of the profession in the Provinces—will, in all probability, be greatly served.

MR. BEDINGFIELD (of Stowmarket) acknowledged the compliment on behalf of the Deputation. Perhaps, gentlemen, he observed, I cannot occupy your attention for a few minutes with more advantage than by repeating some of the opinions which I expressed at a meeting of the profession at Ipswich, on my first, but unsuccessful, endeavour to form an Association in the East, upon the same principles as that which had been so happily established in the West. We have the best authority for stating, that “a house divided against itself cannot stand;” and we may be as perfectly assured, that a profession divided against itself must fall. At Ipswich, therefore, I earnestly dwelt upon the necessity of union; and I as earnestly besought my professional brethren to bury all animosities, to sacrifice all personal feelings, petty jealousies, and differences, and to combine for the protection and honour of the profession. My admonitions, however, were disregarded, and it was not until the Poor Law Commissioners came to give us a practical illustration of the axiom, “that want of union is want of strength,” that the Eastern Medical Provincial Association was fully formed. I did not pretend to the gift of prophecy; but I had long discerned the clouds that were hanging above the medical horizon, and which now threaten to burst upon our heads. Gentlemen, the crisis is at hand, and the conduct of these Associations will, in a great measure, determine whether we shall continue to maintain rank and station in society, or degenerate into “petty dealers in drugs.” My only fear is, that we have already sunk beneath the *Ollapods* of former times; and the bleeding pole and the fillet, which once graced the door of the barber-surgeon, were really respectable in comparison with the advertisements and hand-bills which are put forth by members of Royal Colleges in these days. We have been loud and bitter in our complaints, gentlemen, and that not without cause, of the conduct of the Guardians and of the Assistant Poor Law Commissioners; but let us not de-

ceive ourselves—we have ourselves most to blame. The Guardians have only evinced a zealous regard for their own pockets, and the Commissioners have but obeyed the directions of their employers. But we!—What have we done? Nay, what have we not done? Have we not kissed the rod that chastened us? Have we not, in effect, said, “Kind sirs, you spat upon us last Wednesday; you called us sharks and extortioners, and for this courtesy we’ll be your slaves.” How humiliating is the station we now occupy to that we might have filled, if, when the standard of opposition was unfurled, the whole profession had rallied around it. That which was so obviously to the interest of all, would, I had flattered myself, have been supported by all. In this expectation, however, I have been grievously disappointed. But did this desertion of a good cause proceed from a spirit of pusillanimity? No; it proceeded from the want of a conviction that the interests of the individual may be best promoted by a strict regard to the interests of the whole. (*Cheers.*)

On the motion of DR. BARNES (of Carlisle), seconded by DR. LYON (of Manchester),—

Resolved—That the Anniversary Meeting for the year 1837 take place at Cheltenham, and that Dr. Boisragon be appointed President-elect.

The Report of the Poor Law Committee was then called for and read.

DR. WILLIAMS (of Nottingham) deeply lamented that a stronger feeling of indignation was not manifested against the proceedings of the Poor Law Commissioners. He mentioned one district of twenty-five miles in extent, containing fourteen or fifteen thousand persons, where the medical attendance was to be taken for £80 the year; and when that was demurred to, the Commissioners threatened to send down a young man from London to undertake it. (*Hear.*) He also mentioned, as an instance of princely liberality, that recently the Duke of Newcastle had written to the medical men of his locality,

offering, if they would originate a School of Medicine, to give them £500 as a beginning, and the attempt was now being made. (*Cheers.*) He moved—

That the Report of the Poor Law Committee be printed with the Account of the Proceedings of the Anniversary Meeting.

MR. SMITH (of Leeds) seconded the motion, which was adopted.

On the motion of DR. OUTHWAITE (of Bradford), seconded by MR. TUDOR (of Bath),—

Resolved—That the Report be immediately printed and published in a separate form; and that every member of the Association, as well as every contributor to the evidence collected by the Committee, receive a copy.

On the motion of MR. FLINT (of Stockport), seconded by MR. DICKENSON (of Macclesfield),—

Resolved—That a petition from the members of this Association, and others assembled at this Anniversary Meeting, stating the evils arising out of the administration of the Poor Law Amendment Act, as regards medical relief, and praying for redress, be immediately presented to both Houses of Parliament; that to the Lords by Lord Melbourne, and that to the Commons by Lord John Russell.

The Petition of the undersigned Physicians, Surgeons, and General Practitioners, assembled at Manchester, at the Fourth Anniversary of the Provincial Medical and Surgical Association,—HUMBLY SHEWETH—

That your Petitioners deprecate the system for providing medical relief for the sick poor adopted by the Poor Law Commissioners.

That the prevalence of *contract* by “*Tender*,” the general inadequacy of the *remuneration*; the increased extent of *districts*, with a diminished and insufficient *supply of medical officers*; the *numerous impediments* to an efficient performance of medical duties; and the *indignities* offered by the new authorities to medical practitioners,—are productive of effects equally pernicious to the sick paupers—the medical profession—and the whole community.

That a remuneration calculated to secure proper attendance ; a mode of appointment *not derogatory* to the profession ; regulations for the prompt supply of medical relief to the destitute sick ; and a general supervision of the medical department of the Poor Law Administration, by *competent* persons,—are essential to the interests and welfare of all parties concerned.

Your Petitioners, therefore, humbly but earnestly pray, that your (Right) Honourable House will speedily take this important matter into serious consideration, and enact such remedies as to your wisdom may seem fit.

And your Petitioners, as in duty bound, &c. &c.

On the motion of Dr. WALKER, (of Huddersfield,) seconded by Mr. HEBB (of Woreester),—

Resolved—That a copy of this Petition be forwarded to the College of Physicians, the College of Surgeons; and the Society of Apothecaries, accompanied by an earnest request that these bodies will be pleased to co-operate in procuring an accomplishment of the object desired.

Mr. HEBB, in seconding the above resolution, said he considered it as a codicil to the testament they had signed to the Ministers of the day, who, he knew, were not duly impressed with the degraded state of the profession. About three months ago the professional gentlemen of the county of Worcester were called upon to aid those who were then assembling in Buckinghamshire, and he having been appointed their chairman, it was proposed that he should go to London to wait upon Lord John Russell, and state to him the complaints of the profession in that district, and it was agreed that he should be accompanied by the four County Members. Three of these gentlemen signified their readiness to accompany him ; the fourth was ill. He wrote to Lord John Russell to know when he would receive the deputation, and he received a reply to the effect, that his Lordship was in possession of all the evidence that need be presented to him—thereby intimating that the deputation was not necessary. This fact was a strong argument in favour of petitioning Parliament.

On the motion of Dr. KNIGHT (of Sheffield), seconded by Mr. BARNETT (of Stourport),—

Resolved,—That a Committee be formed to investigate and report on the various modes of extending medical relief to the sick poor, not dependent on parochial aid;* and that the

* The Sick Poor Committee request answers to the following *QUERIES* to be sent to Chas. B. Nankivell, Esq. Surgeon, Coventry:—

1. Name of place and amount of population.
2. Have you an Infirmary or Dispensary, or both combined? State the number of patients, in and out, admitted last year.
3. What is the average number of home-patients visited at their own abodes?
4. State the number of wards, number of beds, annual income, and from what source; number of physicians and surgeons. State also the average expense per head of each in and out-patient, and the average number of days under treatment.
5. Is there any peculiarity in the character of the cases admitted?
6. To what distance and over what amount of population does your charity extend its relief?
7. Is there anything in the habits or employment of the working classes, or any other cause, that predisposes them to disease?
8. Are there any Associations among the working classes for the specific purpose of raising contributions by weekly or monthly payments, in aid of the funds of the charity; if so, what is the amount, and what are the privileges attached to contributions of this kind?
9. State any peculiarity in the constitution and management of your charity?
10. Does the number of patients increase in proportion to the increasing population? and have you reason to suspect that the number of improper objects admitted to your charity is considerable?
11. Is the present system in your opinion fully adequate to the wants of the sick poor of your town and neighbourhood, in times less favourable than the present; or is it capable of some modification and improvement?
12. Can you ascertain the number of patients admitted within a circle of one mile around the Infirmary or Dispensary?
13. What number of parishes subscribe to your charity, and what is the sum total of subscriptions from that source?
14. Do the overseers of the poor usually avail themselves to the full extent of the privileges of recommending patients?

Committee, with power to add to their number, consist of—
 Dr. Forbes, of Chichester. Mr. Smith, of Southam.
 Dr. Walker, of Huddersfield. Mr. H. W. Rumsey, Chesham.
 Dr. Conolly, of Warwick. Mr. Nankivell, of Coventry.
 Dr. Barlow, of Bath.

On the motion of DR. BARLOW (of Bath), seconded by DR. BLACK (of Bolton-le-Moors),—

Resolved—That thanks be given to the Proprietors of the Manchester Royal Institution, and to the Managers of the different Institutions in Manchester, who have so kindly afforded accommodation to the members of the Association.

15. Is it usual with any of the Sick Clubs to provide medical aid to their members during sickness, or merely pecuniary relief?
16. Has any attempt been made to carry into effect the principles of Self-supporting Dispensaries? What is your opinion of their expediency and practicability, and of their adaptation to adverse as well as prosperous times?
17. In what employment are the highest wages given, and what is the amount? Can you state if any increase has taken place in the amount of small deposits in your Savings Bank last year?
18. What effect upon the health and morals of the working classes has followed the increase of beer shops?
19. What is the average number of cases receiving medical relief in the workhouse nearest your Infirmary? What the total annual amount of medical expenditure? What is the salary of the surgeon, and does he visit sick paupers at their own abodes?
20. Are there any Medical Clubs (so called) established in your district; if so, by whom originated, and of what class and character are its members principally composed? What is the scale of remuneration?
21. Has any such club been attempted within the visiting limits of the Infirmary?
22. Is there any other Society or Institution existing in your neighbourhood, for the purpose of providing medical aid to the sick poor, or to the classes above them?
23. As a considerable proportion of the patients admitted into our Medical Charities are not such as receive parochial relief, can you suggest any more desirable mode of affording medical aid to that class, so as to restrict relief *entirely gratuitous* to the mere indigent only?

The President having quitted the chair, was succeeded by Dr. Barlow, and PROFESSOR KIDD (of Oxford) moved—

That the thanks of the meeting be given to Dr. Holme, for his kind and efficient services as President.

DR. CONOLLY (of Warwick), in seconding the motion, observed, that it was not the number of their members, nor the extent of country over which they spread their influence, nor the bulk of their *Transactions*, nor the number of persons attending these delightful annual assemblages, that constituted the most honourable feature of their Association. It would always derive its greatest recommendation to the public, and its greatest power of doing good—without which all assemblages were useless—from being honoured with the countenance and co-operation of those who were illustrious for the talent they displayed, the industry they exercised, for their great attainments, and, above all, for the virtue of their character. He said thus much after the very short speech of Professor Kidd, because it gave him the opportunity of alluding to that to which Dr. Kidd could not allude, namely, the circumstance that they had met for successive years under the auspices of Dr. Johnstone, Dr. Carrick, Dr. J. Johnstone, Dr. Kidd, and Dr. Holme. The mention of these names would remind the profession of all the exalted qualities that adorn it, and it was this among the thousand recommendations which made every man proud of being a member of the Association. In returning, therefore, to Dr. Holme their best thanks for the honour of his Presidency, they were returning a debt of gratitude delightful to owe and delightful to pay. It was delightful, too, to witness—and, for himself, he could never sufficiently express himself on this subject—to witness in those whose names were most honoured in the profession, and whom they all should most desire to see honoured, a simplicity of manner and all those indications of amiable character which were so often found in the profession. The Association must always prosper, so long as it numbered among its Presidents those who resembled Dr. Holme.

The motion was passed with acclamation.

The proceedings terminated about five o'clock, and at six, 150 members, with a few friends as guests, dined together at the Exchange.

The members were freely admitted to the Manchester Royal Infirmary, to the Fever Wards, Dispensary, Lunatic Asylum, &c.; to the Museum of the Natural History Society, to the Cheetham Library, to the Botanic Gardens, and to several of the Manufactories.

THE REPORT OF A COMMITTEE,
APPOINTED BY THE
PROVINCIAL MEDICAL AND SURGICAL
ASSOCIATION,
AT ITS ANNIVERSARY MEETING, HELD AT OXFORD,
JULY 23rd, 1835,

“To consider the best means of affording Medical Relief to the Sick
“Poor, and more especially with reference to the Operation of the
“New Poor Law Act; and to report upon the same to the next
“Anniversary Meeting at Manchester, in the year 1836.”

THE terms of the appointment of your Committee, and the recommendations contained in the report of the Council last year, appeared to suggest a wide field for their labours; embracing a review of the many Public Medical Charities which are to be found in the principal cities and towns of this country, as well as an enquiry into the more extensive, and not less useful, exertions, which have for so long a period occupied medical men in the rural districts.

But the magnitude of such an investigation, and the pressing nature of certain evils connected with one branch of the subject, determined your Committee, on maturer consideration, to direct their attention chiefly to the present modes of affording medical attendance to paupers, and to the provisions adopted for this purpose by the Poor Law Commissioners; alluding to other points only as they related to the operation of these measures.

Finding it necessary to obtain some specific information of the steps taken in this matter by the various local Boards of Guardians, your Committee authorized their Secretary to insert, in the principal weekly medical periodicals, a series of questions addressed to country practitioners; it being expected that a sufficient number of answers would be elicited, to enable them satisfactorily to draw some general deductions, as to the working of the present system, and its advantages or disadvantages as compared with the previous one. In this expectation, however, they were somewhat disappointed. The amount of information received, in answer to the published queries, was but small, though the nature of it was most important. Desirous, however, of corroborating the evidence thus obtained, some members of your Committee, who resided in districts already under the operation of the Poor Law Amendment Act, collected, by personal application, a considerable number of valuable and well-authenticated facts, especially in Berkshire, Oxfordshire, and Buckinghamshire.

It is, nevertheless, to be observed, that by far the greater number of these applications were not responded to by the parties addressed.

Much important information has been obtained from statements published in various periodical publications, and your Committee have thought it right to make use of the facts thus communicated, so far as they remain uncontroverted, or have been proved, on investigation, to be correct. The authors of some of these published communications, as well as of others made to your Committee, have requested that their names may not transpire; your Committee, therefore, feel compelled to state, that there exists, in the profession, much backwardness to give evidence on this subject. Although, for the ends of truth and justice, this disposition is to be lamented, it is neither unaccountable nor, on the whole, inexcusable. A medical practitioner who would relate, without reserve, abuses perpetrated by, or with the sanction of, the influential inhabitants of his neighbourhood, and resulting from a system upheld and approved by the great majority of the community,

should possess a singular combination of prudence, courage, and independent feeling. He would also find it a delicate, if not an invidious task, to report cases of neglect or mismanagement, involving, perhaps, the reputation of another medical practitioner.

Your Committee were therefore not surprised at the small proportion which the body of evidence collected bears to the number of facts which have occurred under the existing arrangements.

Another disadvantage which your Committee laboured under, in the prosecution of this enquiry, was the indifference created in the minds of some medical men, by the comparatively favourable terms which, in a very few districts, they had succeeded in making with the new authorities: thus obscuring their perception of the tendency of the general regulations, and checking, to a certain extent, that sympathy with their brethren elsewhere, which, considering the peculiar circumstances of the medical body, is absolutely essential to a preservation of its interests and privileges.

In other cases, where information was readily supplied, it was a task of some difficulty to separate the bare facts of the case, from the expressions of indignation which a keen sense of oppression and injury had wrung from the correspondents.

Your Committee, however, did not depend wholly on the materials provided by medical practitioners. The newspapers have teemed with advertisements for medical officers of parochial unions, containing particulars with regard to their appointment, the nature and amount of their duties, and the mode of their remuneration; and the Poor Law Commissioners, in their first annual report, and in other documents, have clearly manifested the intentions of their regulations respecting medical relief, as well as the manner in which they desire these intentions to be carried out. Your Committee have also examined the replies made to the various remonstrances which have been addressed to the Commissioners, whether by way of individual appeal or public protest.

Your Committee, therefore, trust, that in the conclusions

they have formed, they cannot be accused of having taken a partial or imperfect view of the subject.

Before proceeding with the immediate object of this report, your Committee beg to submit a few observations on the principles which, they think, should guide all who are concerned in providing medical relief for paupers. They may, indeed, appear to insist unnecessarily on some self-evident truths, but experience has shewn how strangely these may be forgotten or misapplied.

The first question that arises is—who are the parties that are bound to provide medical relief for paupers? The legislature has wisely and humanely determined that no person shall perish for want of the necessaries of life; among these necessities, it has invariably reckoned medical and surgical relief; and it has created, by means of the poor rates, a fund, for this among other purposes.

The question is, therefore, already decided—that one portion of the community must provide another portion, when sick, with medical attendance. No one has a right to say that the duty of providing for these exigencies shall fall exclusively, or in undue proportion, on the medical profession. Medical men, as private individuals, contribute their quota of the public burdens; they cannot, therefore, be required to bear, *in addition to their own*, that share of these burdens which belongs equally to the rest of the community.

Your Committee are aware that the vast amount of gratuitous medical assistance that has been at all times afforded to the needy, by all grades of the profession, throughout the country, (an amount that could not be conceived by those who were not informed on the subject), has been productive, at least, of one very injurious effect; it has induced the unthinking portion of the public to conclude, that there was some sort of conventional, if not legal, obligation on the medical profession, to attend, without reward, to the ailments of the poor. This kind of misapprehension, or ignorance, of the real state of the case, has, doubtless, been the source of many recent grievances.

It is, therefore, worthy of consideration, whether it does not become the duty of the profession to prove the fallacy of this popular notion, by some limitation, and greater discrimination, in the supply of their gratuitous advice: by resisting all attempts to convert their spontaneous benevolence into a forced enactment; and by demanding a proper remuneration from those who are bound, not only by the dictates of a rational humanity, but by the laws of the country, to provide the necessary assistance for the destitute sufferers.

There is yet another reason for suspecting the real advantages of the gratuitous services of our body, viz. the effect which is thereby produced on the poor themselves. It cannot be denied that a great proportion of the attendance afforded by the medical charities of this country, tends to perpetuate the injurious habit of dependence upon others for the supply of necessaries which, by timely forethought and frugality, the working classes might procure for themselves: and it is no less obvious, that benefactions which were intended for the relief of the indigent, are frequently applied for the assistance of those who do not really require them; and who have no legitimate claim on the unrewarded exertions of medical practitioners. Your Committee are, therefore, of opinion, that a well-regulated supply of medical relief, the cost of which should be defrayed from the legalized provision for the relief of the poor, is, on the whole, the most unexceptionable mode of extending to proper objects the aid in question.

A second point for consideration is—who are the poor to be thus relieved?

It is exceedingly difficult to define exactly the class for whom this benefit is to be provided by the community. In general terms, however, it is sufficient to say, that those who are unable to procure medical advice and medicines, by payment of the usual specific charges, (which, for the lower classes, have always been moderate), and who cannot defray these charges, or offer equivalent for them, by joining a well-regulated system of mutual assurance,* must, when ill, be thrown

* The “Medical Clubs” recommended by the Poor Law Commissioners, are not founded upon a *well-regulated* system.

upon the public. There appears every reason to suppose, that by the operation of the new Poor Laws, the number of independent poor will greatly increase; and that from this cause, no less than from the general establishment of Provident Institutions among the labouring classes, a far smaller proportion of the population will remain dependent on the public than heretofore; and this change will, doubtless, be as beneficial to our body as to the rest of the community. We do not, as is represented, seek either "profit or popularity" from the continuance of abuses which have proved to none more injurious than to ourselves.

With every disposition, therefore, to look favourably on the diminution of pauperism, it appears to your Committee inevitable, that there will always remain a certain portion of the population who must be supplied with medical aid by means of the poor rates. To quote from a well-known writer (Dr. J. P. Kaye) who is now a Commissioner under the Poor Law Act—"A certain amount of suffering and helpless misfortune will ever be produced by the accidents of life. The most vigilant foresight cannot always discern impending calamities, nor the utmost activity always secure a provision for old age or continued sickness; some there will ever be weaker than the rest, who will fall, or be thrust aside, in the common struggle for maintenance, and who, having failed after honest endeavours, become the proper objects of a discriminating charity."

Medical attendance, indeed, of all the necessities of life, is the least likely to be provided for by the poor themselves, and yet the applications for it are the most urgent and pressing: a larger proportion of the poor will then, doubtless, continue dependent on the public (especially in the rural districts) for this benefit, than for "relief in money or in kind." It becomes, therefore, a matter for after-consideration, how the inability of the poor to provide for themselves shall be determined upon in particular cases; and it is quite reasonable to concede, that the authorities constituted to decide on the destitution or pauperism of applicants for *relief in general*,

should also decide upon it in the matter of *medical relief*. The principle of the new Poor Law is, to make the labourer more provident, and, therefore, must be approved by every well-directed mind ; but whether such a principle can with justice be carried out, in the cases of the *infirm*, the *aged*, the *sufferers* from sickness and from accident, *who have no power to recall their past negligence*, is more than doubtful, for this would be, in fact to give the law a *retrospective effect*. The decision, therefore, in every instance, is one requiring the exercise of great humanity, discretion, and a thorough acquaintance with the habits and wants of the poor.

The third question is—what kind of medical attendance should be provided for the paupers ?

Your Committee are fully assured that they convey the sentiments of the wise and good of all parties, in urging that the assistance so afforded should be of the very best kind that the various localities can furnish. It is no less the interest than the duty of the rate payers or their representatives, to select the most skilful and efficient medical advice, for those who depend on them for its supply.

The numerous cases of protracted disease which may result from tardy, or inefficient medical treatment, and the consequent dependence of the sufferer (perhaps for life) on the parochial funds for support. The spread of contagious disorders, which by timely precautions may be averted, suggest motives which might influence the most sordid. But the aggravated forms which disorders assume in the pauper class, the want of those auxiliaries which the wealthy possess, to alleviate the pain and render tolerable the endurance of disease, seem to dictate, in these cases, a more special exercise of the generous and humane principles of our nature. To refuse, therefore, help to those who, in the time of absolute need and destitution, apply to the authorities for medical relief ; or to delay it by interposing unnecessary distance and official impediments, between the patient and the advice he seeks ; or to supply it from an inferior or a distrusted source ; and all this under the specious plea that the poor must be driven, by these obstacles

and this second-rate relief, *to depend on their own resources*, constitutes a theory and practice deserving only of universal reprobation. It might well form part of a code of Draconian severity, in which improvidence and thoughtlessness might be punished by slow torture or by death.

The office of parish surgeon should combine the highest qualifications of the medical body; it being clear that no professional responsibility whatever, public or private, equals it in variety and extent. It embraces and presents, in daily profusion, cases in medicine, surgery, and midwifery, requiring as profound knowledge and diligent care as any public Institution affords for each of these branches singly. It should unite, therefore, an acute perception of the incipient stages of disease, with well directed efforts for its prevention, accompanied by the most diligent and scientific treatment.

The last point for consideration in this part of the report is—who are to decide on the particular ailments of the paupers which require relief. It having been already agreed that the constituted authorities should decide as to the number and circumstances of the class who are to be supplied with medical aid at the public charge, it seems equally plain that the members of the medical profession alone are competent to judge of the necessity for medical treatment in any particular case occurring in this class.

No one could defend a regulation which entrusted this delicate and important decision to a subordinate, and a necessarily ignorant, functionary. If the medical attendants of the poor are selected not only from a confidence in their professional abilities, but from a conviction of their integrity, they ought to be freely entrusted with a discretionary power, which they alone are able to exercise. And after all, in this matter, the authorities *must* rely on the *honour* of their medical officer. Hence the importance of an acquaintance with the character, and a full confidence in the moral rectitude of that medical practitioner, who is chosen to undertake the medical care of the paupers.

Your Committee now proceed to examine how far the

various plans for pauper medical relief hitherto in use, accord with the principles just laid down. It is well known to the senior members of this Association, that the old mode of pauper medical care, scarcely to be called a system, failed lamentably in its objects. There appears to have been *four* main evils connected with the former provisions for the sick poor. First—the occasional adoption of “tenders,” not merely for the purpose of determining the amount of medical contracts, but principally as guides to the parish authorities in selecting their medical officers; second—the monopoly of numerous parishes by one practitioner, to the exclusion of others equally qualified for the office, and to the unavoidable neglect of the pauper patients; third—the employment of ignorant and unqualified medical officers; fourth—the extension of medical parochial relief to improper objects, and a consequent increase of the public burdens.

In a report of a Committee formed at Warwick, in 1827, for conducting an enquiry into the state of the sick poor, these evils are strongly and faithfully depicted. This Committee condemns “the system of letting the sick poor of parishes for an annual stipend, to the lowest bidder among such medical practitioners as offer to take the charge of them.” Their report goes on to state that—“These contracts are entered into without a constant regard to the probability of the practitioner being enabled to perform the duty undertaken by him; sometimes without due consideration of the character and acquirements of the person proposing himself; and generally without a just attention to the necessities of the parish, or the fair remuneration of the medical or surgical attendant.”—It states again, that—“The contracts are, almost in all cases, made to the disadvantage of the medical attendant, so that the practitioner generally looks for compensation to holding many parishes at once, some of which are, of course, distant from his residence; and his views are seconded by the erroneous policy of the overseers, who often give a preference to the most distant resident, or the most ignorant practitioner, because such persons offer to take the parishes on the lowest

terms. In these transactions there is often such a total disregard of fairness, and so entire and evident a sacrifice of the well-doing of the sick poor, that parishes, containing five or six hundred paupers, have been taken for five or six pounds; twenty or thirty parishes have been farmed by one practitioner; and even a large parish actually farmed for one guinea per annum. It is almost unnecessary for the Committee to point out that such contracts, by which their medical correspondents represent themselves as at once wronged and degraded, entail the most serious evils on the poor population of the country, and, consequently, on the public;—that poor patients are often neglected in serious disorders;—that many become incurable and helpless from neglect, and necessarily, thenceforth, burthensome to their parishes;—that the poor people generally are rendered discontented by a knowledge of these circumstances, and, therefore, to their own great detriment, frequently delay to apply for medical aid until all aid is in vain; and being apparently protected, by formal and delusive provisions, against the evils of sickness, and therefore, perhaps, excluded from the attentions of benevolent persons to whom they are known, it sometimes happens that lives are lost that might have been saved.”

The preceding quotations describe, in the amplest terms, the evils existing under the late system: your Committee would only add one or two remarks. The medical treatment provided by contract was occasionally limited to the “paupers,” that is, to those who were receiving relief *in money* from the poor-rates. The overseers were, in these cases, in the habit of giving a small sum of money to the applicants for *medical relief*, to constitute them paupers, and so *entitle* them to attendance from the parish doctor.

In the generality of instances, however, the contract had no such limitation, either expressed or implied; and the whole of the labouring population of a parish were at liberty to avail themselves of the sum paid by the authorities to the surgeon for procuring medical assistance when ill; or if the form of an order were necessary, the overseer frequently gave

it without enquiry, or made it answer the purpose of relief in money, aware, that as a contract existed, he was not putting the parish to any immediate expense by throwing the burthen on the medical attendant.

It would be difficult to conceive more fertile causes of pauperism than the operation of such plans; and those who have attentively watched them, have, doubtless, been surprised to find that, in the laborious investigation entered into before framing the Poor Law, scarcely any allusion was made, by his Majesty's Commissioners, to the subject.

The customary mode of appointing the medical attendant in the parish vestry, was likewise open to much objection. The same medical attendant was often re-appointed as *a matter of course*, year after year, whether competent or incompetent. In case any alteration was thought necessary, tenders were generally required, and the election decided accordingly. In other cases, it not unfrequently happened that two or three of the most noisy, or most influential rate-payers, succeeded in procuring the election of some protégé, while better qualified practitioners, who would have received the majority of suffrages if taken in a proper manner, were excluded. In some large parishes a better arrangement existed; the resident medical men undertaking the office in rotation by the year.

Your Committee have thus dwelt on the evils of the former system, not merely because they have been so frequently lost sight of in recent observations and remarks on the subject, but because they have evidently been the source of the more numerous and flagrant abuses which now prevail.

Your Committee, in common with all who have considered the subject, had looked with hope at the prospect of a thorough reform of the system, on the introduction of an amended Poor Law. It, however, appears, that hardly had the New Law come into action, when a prejudice was conceived by its administrators against the medical profession, and although they were necessarily and totally unacquainted with the various bearings of this important subject, not less than with the

best mode of effecting an alteration, yet, in general, they distrusted and sternly resisted the suggestions of those who alone were able to assist them, viz.—the medical practitioners. Nothing is more clearly borne out by the evidence your Committee have collected than this circumstance; though it is gratifying to them to state, that in *some unions*, and in the sphere of operation of *some assistant Commissioners*, a more conciliatory spirit has been evinced; and had it not been for the tendency of general regulations, there is little doubt that in these places satisfactory arrangements would have been made.

Your Committee have, either directly or indirectly, received accounts from forty-eight individuals, respecting the arrangements in forty-seven unions. The results of these communications may be classed under three heads.

FIRST—with regard to remunerations, the practice of requiring “Tenders” has evidently become more general than formerly. It appears to your Committee unnecessary to dwell upon the evils of this absurd and pernicious custom; they have already been sufficiently exposed: the feelings and opinions of every member of our profession must surely be unanimous on this particular. But the point of view in which, at the present time, it is desirable that the “Tender” system should be placed, is the *degradation* that it inflicts on professional men. In many unions, however, instead of “Tenders” being required, and also in those where “Tenders” have not been found to reduce the medical stipend so low as was thought proper, the Guardians have fixed a sum for medical services, subject to the approbation of the Commissioners. This, although apparently different from “Tenders,” amounts, in reality, nearly to the same thing; for the parties who fix the remuneration, are not guided in their determination by a careful estimate of the intrinsic value, or of the ordinary price of medical attendance; but merely by the circumstance that persons *can be found* who will undertake the duties on such terms; the offers of the Guardians are, therefore, equivalent to the “Tenders” of an adventurer, and have the same effect.

In thus fixing the remuneration, the other party in the transaction, viz. the practitioner, has, with very rare exceptions, not been allowed a voice: consciousness of power, on the part of the Guardians, has prevented their paying any attention to his representations. The usual answer to the most convincing reasons has been, "Take the office, if you please, *at our terms*, if not, we can readily procure some other person."

But, occasionally, Boards of Guardians have evinced a desire to meet the fair demands of the professional body, and, in these cases, it has almost invariably happened, that the Assistant Commissioners, or the Central Board, have refused to ratify the appointments. The Commissioners have generally, but not always, been successful in carrying their point. Instances of such collisions between the authorities have occurred in the *Thame*, the *Eastry*, the *Penshurst*, and several other unions.

Nothing is more striking than the difference in the rate of medical remuneration, in different unions and counties. The majority of the Assistant Commissioners do not appear to have been guided by any fixed calculation, but rather by accidental circumstances, in determining the amount of remuneration for the medical officers. In some parts of Hampshire, and in a few other localities, the population of the parish or district has been the criterion employed for this purpose. In other unions, an average payment for each patient, or, as it has been termed—a payment per case, has been adopted. The amount of these payments has either been decided by "Tender," or it has been dictated by the Commissioners and Guardians; with a proviso, that all cases exceeding a specified maximum should be attended *gratuitously*!! Without giving any opinion as to the propriety of this mode of remuneration, under different and improved regulations, your Committee have no hesitation in stating, that in the manner in which it has lately been enforced, it is highly objectionable.

The result of a year's experience has shewn, that where, as in large parishes containing a resident medical officer, it has,

in a few instances, afforded a remuneration equal to the former rate of contract; yet, for the most part, it has proved grossly insufficient, and very oppressive to the medical officer. In smaller parishes especially, and in those distant from medical advice, it has fallen remarkably below the usual rate of payment. Thus, the error of the authorities in insisting on an uniform rate for parishes, under all circumstances of population, and of proximity to the medical officer, has been clearly proved.*

But within the last few months a new mode of parochial remuneration has been adopted. Your Committee allude to the formation of a species of "Medical Clubs," which is intended to provide medical relief for two classes of the poor: the independent labourer and the pauper. The Assistant Commissioners in Essex, Gloucestershire, &c. have proposed

* The facts relating to Hedsor and Little Missenden parishes are strongly corroborative of the preceding remark. In Hedsor, the average number of patients being at the rate of seventeen per annum, its distance from the medical officer being from three to four miles, and the contract, exclusive of midwifery, having for many years been ten pounds. The first years stipend, under the new system, may be thus computed:—

Attendance on sixteen cases of illness, at 2s. 9d. per case £2 4 0

Attendance on the case of a poor woman, by daily visits (two and half miles) for three weeks; she was in destitute circumstances; her husband had walked for an order once to Wooburn, once to Wycomb, twice to Hedsor, and twice to Beaconsfield; he was at last said to have been abusive, and was refused.

2 4 0

The necessary correspondence with the clerk of the union, and conveying returns by post and otherwise

5 0

Toll at turnpike gate

10 0

0 15 0

1 9 0

Being the total remuneration paid to the medical attendant, for the same amount of labour as, under the former contract, he would have received the sufficiently small sum of ten pounds.

“Clubs” of this kind. The following is an edict of the Epping Board of Guardians, confirmed by the Assistant Commissioner; and may be considered a fair specimen of the plan:—“The remuneration to the medical officers shall be by annual subscriptions of the Guardians, and of such of the independent labouring poor as may be desirous of availing themselves of the proposed arrangement within the prescribed period, according to the following rates:—

For an individual maintaining himself or herself	2	6
For a wife whose husband is a member of some benefit society	2	0
For a man and his wife	4	0
For each child in a family (if one be subscribed for, all must)	0	6
For every person in the same family.....	2	0
Cases of midwifery	10	0

The Guardians are to have the privilege of adding to the pauper schedule any name they may think proper, during the contract, paying only at the same rate as for those originally included.”

In any remarks which your Committee may make on this plan, they will probably escape all suspicion of opposition to a well-regulated system of mutual insurance among the labouring classes, for defraying the expenses of illness. Such a system will be found, on slight inspection, to be totally different from the recently established “Medical Clubs.” One of the principal evils of the latter, is the associating paupers in the same club (and subject to the same regulations) with the independent labourers, who ought to be perfectly exempt from the controul of Boards of Guardians, and from any contact with pauperism.

A striking injustice inflicted on the medical officer by a club of this kind, is the privilege which the Guardians retain, of adding, at their pleasure, any sick paupers to the “schedule,” on the same terms as are paid by the other contractors, (*well and sick together*). “For instance, in the parish of Chigwell, the pauper population is estimated at four hundred, *i. e.* those who when ill would receive parochial relief. Out of this

number only *one hundred* are contracted for, as receiving weekly allowance from the parish; so that on any of the others requiring medical aid, they are immediately placed on the 'schedule,' thus rendering the parish surgeon liable to attend *all*, without *all* being *contracted for*."

One general feature, however, pervades these several modes of remuneration, viz. *their utter inadequacy*; and the consequent probability that the duties required will be neglected, or will be performed in an unsatisfactory manner.

The Guardians, be it remembered, are unable to detect error in practice, and they themselves ought therefore to conclude, that if they offer a temptation to the medical officer to withhold from the sick poor the requisite attendance and medicines, by forcing him to accept an *inadequate remuneration*, they are as guilty as himself of the dreadful results which may ensue to the sufferers.

SECONDLY—with regard to the medical appointments and duties.

The diminution in the number of medical attendants on the poor, is one of the principal features in the present system. It may be said, that as there are fewer paupers to be attended, it is reasonable that fewer medical men should be employed. This argument might apply with some force, if the paupers were more closely congregated, but the case is very different. The paupers inhabit the same extent of country as before, and therefore, in rural districts, the labour of the attendant is scarcely at all diminished, on account of the diminution in the number of his patients, while, for other reasons hereafter to be mentioned, his trouble is much increased.

Your Committee are in possession of numerous facts bearing on this point.

In the Cookham and Bray unions, *two* medical men were appointed under the new system, in place of *seven* who previously attended.—In the Newbury union, consisting of *eighteen* parishes, *one* individual undertook the duties formerly performed by *twelve*; he had no assistant, and had a space to ride over measuring sixteen miles by ten.—In the Bampton

district of the Witney union, *ten* miles in diameter, *eight* medical men were formerly employed, now only *one*.—In one of the districts of the Aylesbury union, the surgeon resides at a distance of *seven* miles from one part of the district, where medical assistance might be obtained within *two* miles.—In another district of the same union, the nearest point to the surgeon's residence is *seven* miles, and the most remote *twelve*. Under the old system *sixteen* medical men were employed for the parishes of this union, containing forty parishes and four districts; under the new system *three* medical men only, one of whom was likewise appointed to an extensive district in another union.—In the Wheatenhurst union, comprehending *fourteen* parishes, and necessarily much travelling, the Commissioners induced the Guardians to waive a contract with the established practitioners, and to engage *one* young man from the schools, who had neither a horse nor instruments.—In the Faversham union, including twenty-five parishes, only *one* medical man was employed.—Numerous cases of a similar kind could be adduced.

Another peculiarity in the present arrangement, which though not universal, has been practised on an extensive scale, is the division of the unions into medical districts, or, to state it more correctly, making the districts, devised for general purposes, applicable also to medical duties. This is particularly exemplified in the Thame union. The distribution of the parishes in the districts of this union is so unsuited for medical purposes, that the nominal district surgeons were unable, by themselves, to perform the duties required. The amount of labour of the medical attendant is very much increased by this arrangement.

Parishes which, under the old plan, were accustomed to seek the nearest advice, as well for the sake of economy, as for the convenience of the attendant, and for the safety of the sick, are now compelled to accept the surgeon of the district, however distant, or otherwise unacceptable, he may be. The boundary of a union has been thought a reason for the exclusion of a medical resident, who though not within

the union line, has been situated near a population which had, in consequence of the alteration, a vastly increased distance to travel, thus :—In the Ivor district of the Eton union, formerly *four* established medical men were located near the boundary, at three different convenient stations: under the present arrangement, *one* only has the charge, and he residing at an extreme corner of the district. It is difficult to suppose an hostility to the objects of medical science, or a scheme for defeating the natural desires of the sick for relief, but no arrangement could promise success better, had such been the motives of the authorities in this instance.

In many similar cases the resident practitioners have protested earnestly against the district system, shewing to the Guardians the inevitable consequences with regard to the sick. Scarcely however, in one instance, have their representations been of any avail.

A singular practice has crept in, to obviate the difficulties which have thus arisen. The nominal medical officer of the district has been permitted to engage other practitioners, residing in different parts of his district, making his own terms with them. This, be it observed, has been entirely *optional* with the medical officer: the Guardians merely stating that they should consider him *responsible* for the whole.

The absurdity of such a practice, and the temerity of the surgeon who undertakes such responsibility, may indeed be excused, on the ground that, at present, it is the only means that the profession possesses, of modifying the evils of the system.

It is obvious that if the authorities believe that one practitioner, can undertake a district, they ought to insist on his performing the duties, either in person, or by means of his private assistant, who would, of course, be *under his own controul*. If, on the contrary, they believe that he cannot do so, they are equally bound to appoint such a number of medical men, as may be necessary for the task; nor should they devolve the duty of engaging these additional practitioners upon their medical officer.

The proper performance of medical duties has, moreover.

received another check by the new regulations. The power of deciding as to the necessity of medical aid in any case of illness, has been vested in the relieving or parish officer. Hence a fair opportunity for the early and successful treatment of disease, has often been lost to the medical man, and his judgment fettered by his necessary dependance on the discretion of these inferior officers.

Your Committee have, in the principles laid down in the beginning of this report, shewn how contrary such a practice must be to sound reason and humanity. The numerous instances of distress, of danger, and of loss of life, which have come to their knowledge, might be related with effect, if the object were only to excite the feelings of this association; but the tendency of these regulations must be apparent to every reasonable mind, without entering into such painful details.

In those unions, where a payment per case has been adopted, the relieving officer had a stronger inducement to refuse an "order," than where a contract, at a fixed sum, existed, because, by so doing, he saved the parish money: several instances have occurred where a disorder, in its incipient stage, has been denied medical aid, because the relieving officer thought the illness not sufficiently serious for attendance. Protracted disease, or death, has occasionally been the consequence.

The distant residence of the relieving officer, his constant occupation, and the parish officers' frequent unwillingness to act, added to the increased remoteness of medical advice, have all occasioned dangerous delay in the treatment of disease.

Another proof that a proper supply of medical attendance, is not afforded by the authorities, is, that no remuneration is allowed for consultation in urgent and dangerous cases. A surgeon in Essex, who was lately called in by the district surgeon to a case of Hernia requiring operation, was informed that his charge of two guineas would not be allowed, and that the Commissioners "could not justify so expensive a practice as that of having recourse to a consultation in every case of difficulty that might occur"!!

THIRDLY—The evidence collected by your Committee proves that the medical body in general, and especially those members of it who are engaged in parish practice, are liable to offensive and degrading treatment from the new authorities: this is particularly observable in the formation of unions.

Medical officers are liable, in the discharge of their duty, to receive a summons from the board of Guardians, on occasions of any supposed neglect; they are thus subject to be reprimanded by persons who cannot be supposed capable of judging correctly as to the due performance of medical duties. Your Committee have received information of several oppressive proceedings of Guardians in this respect.

Again, if a medical opinion is considered necessary to guide the Board in any of its deliberations, which not unfrequently occurs, the medical officer is *summoned* to attend in the same manner as are the inferior officers of the Board.

Further, any medical assistance afforded to the paupers by a practitioner, who is not officially connected with the Board, even though it be done *gratuitously*, has been frequently deemed a sufficient reason for refusing relief to such person until the union medical officer had been applied to; and the certificates and suggestions of all other practitioners have been abruptly rejected.

LASTLY—Those medical men who have presumed to express an opinion unfavourable to the new medical arrangements, have frequently been marked for oppression by the authorities, and some have even been induced to withdraw or withhold their names from petitions to parliament against the system, from apprehension of injurious consequences to themselves.

Your Committee now turn to the statements and arguments in defence of this system, which have on various occasions been put forth by the Poor Law Commissioners and their assistants. The most important of these is doubtless the 25th section of their first annual report, dated August 8th, 1835. It commences with an attack on the character of the profession, alleging that “*in the great majority of instances*” a compact

has existed between the parish authorities and the resident practitioner, by which the former were supplied with medical attendance for the sick paupers, at “a small fixed sum,” on “condition” of the latter being allowed to charge distant parishes exorbitantly and dishonestly for the relief afforded to extra parishioners.

A more unfounded charge was, perhaps, hardly ever made by the organs of Government against an intelligent and useful portion of society. The Commissioners have attributed an evil, which inevitably resulted from the old parochial system, to these imaginary compacts and “conditions.” It was impossible that attendance on non-parishioners could be contracted for under the former Poor Law; unless, indeed, all the parishes in the kingdom could have come to a mutual agreement. The laws of settlement were, therefore, the cause of this imperfection in the medical arrangements, which was as injurious to practitioners as to the rate-payers.

The Commissioners have apparently forgotten to notice the numerous cases in which medical men were defrauded of their just claims, by the refusal of the parish officers to discharge accounts incurred for attendance on extra-parishioners, for which they had given no *written* order; thus taking dishonourable advantage of the well-known readiness of our body to attend the wants of the poor, without any security for payment.

Your Committee have received information from several practitioners that, “in the great majority of instances,” their bills on distant parishes have, for the above reason, never been paid.

The Commissioners designate these charges as being “at the highest rates,” and speak of the “profits” thus acquired by the attendant. If it be deemed necessary to refute a calumny which, until the Poor Law Commissioners had uttered it, had proceeded only from the *ignorant* or the *vulgar*, we should be disposed to enquire—By what authority do the Commissioners constitute themselves judges of the propriety of medical charges?—On what pretext do they denominate the well-earned remuneration of professional men, their “profits?”

But supposing that, occasionally, a bill for attendance on an individual or a family has exceeded the amount of the parish contract, the presumption is, that in nine out of ten of such cases the error did not lie in the specific charges of the *bill*, but in the *contract*, which *professed* to supply all the poor of a parish with efficient medical attendance, for a sum below what would justly be charged for attendance on two or three individuals.

As far as your Committee have received information, the charges for medical attendance, not provided for by contract, have been moderate and reasonable, generally much lower than the ordinary rate of professional remuneration.

The assertion of the Commissioners that “the distant parishes had no adequate protection against these charges,” is totally destitute of foundation. *An able writer** thus states the case: “If the general and total charge exceeded £20, a power of appeal *existed*; if under, the refusal to pay would have prevented the surgeon from obtaining his demand, unless by an action, and not only would few surgeons be found to commence a suit for an unreasonable bill, but no jury would be found to give a verdict for one. And the Commissioners, while making such a declaration, must surely have known, that before the pauper was removed the medical charges must first have been attested and allowed by two magistrates.”

It would thus be necessary, in order to complete the transactions described by the Commissioners, that in each case *two magistrates*, in addition to the *parish officers* and the *medical men*, should have been implicated in this unworthy collusion.”

But the Commissioners proceed by bringing yet more serious accusations against us, viz. that “the inferior officers (of parishes) have been fee’d by the medical officers to search out and give them information of cases” of illness occurring in non-parishioners, in order that they might have opportunities for making these disgraceful charges. It is a matter of extreme regret, though not of surprise, that in our body, as in every other class in the community, there are persons to

* Mr. Robarts.

be found destitute of right principles, and guilty of mal-practices, and it is therefore possible that, in rare and solitary instances, such cases as those, which the Commissioners have described, may have occurred. But what can be thought of the spirit and design of a report which brands the class of parochial surgeons generally with such practices;—which avoids all notice of their laborious and ill requited exertions; of the sacrifices of time, of remedies, of health, and even of life, that have been made by the great body of the profession in behalf of the poor?

Your Committee are obliged to come to the unwelcome conclusion that the Commissioners hoped by impugning the character of the professional body to reconcile the public to the unjust treatment which they have so arbitrarily inflicted upon it; *and, in many instances, the effect has been but too well calculated upon.*

The Commissioners state that they have employed the Tender system as a check to the general expence of medical relief; and they further admit that “to prevent undue charges, even under competition, they have adopted, as a rule, that the aggregate charges for medical relief, within the new unions, shall not exceed the aggregate of the former expenditure for medical relief in the separate parishes now included in the unions.”

The sums ascertained by “Tender,” and *the amounts of the old contracts*, are therefore avowedly the data which have guided them in determining the value of medical services. After what they have alleged, as the reason for the former low rate of medical contracts (*viz.* the existence of fraudulent conditions between the parish officers, and the medical practitioners) it is remarkable that they should have fixed upon these rates as the maxima of future charges. It is, therefore, plain that a just remuneration, proportioned to the cost of the supply, and to the fair claims of the profession, was never contemplated by the Commissioners.

They have attempted to defend their practice of procuring students who have recently passed their final examinations,

for those unions where the established practitioners could not be compelled to countenance the new regulations, by declaring their opinion that the education which these young men had just received was equivalent, in practical utility, to the knowledge resulting from long experience on the part of the older practitioners.

Your Committee are here again obliged to express their surprise at such a conclusion, so contrary to universal opinion. Nor could it excite less astonishment to find that the Commissioners congratulated themselves on the "credit" attached to holding a medical office under "a Board of Guardians"!! The "credit" of such an appointment may indeed be easily judged of from the circumstances attending it, which have been already described. With regard to the analogy which they have assumed between a medical parochial appointment and that to "one of the chief medical institutions in the country," it is sufficient to say that, besides the important differences which might readily be enumerated respecting the duties and advantages of the two offices, there is this primary one,—The election to the latter is in itself a mark of distinction, because it is the consequence of merit. The office gives dignity to the officer, who thereby acquires distinction and consequent advantages, whereas the *medical* parochial office, so long as it is obtained by pecuniary competition, must degrade the holder, even though many respectable men suffer themselves to impart to the office what the office can never return.

In the Commissioners' report there occurs this remark,—“ We may be sure that the medical practitioner will, in fixing upon his terms, do nothing which he considers will not, on the whole, be advantageous to his own profession.” The Commissioners have here, as well as on other occasions, endeavoured to cast solely on the medical officers of unions the discredit of the miserably low stipends awarded to them. We have only to reply, that were the system of Tender introduced into any other profession, the same injurious results would ensue; if even the office of Poor Law Commissioner were to be submitted to the same degradation, there would be found needy speculators,

not destitute of ability, who would gladly, for a tenth part of the salaries, undertake its duties.

The principle of pecuniary competition, when applied to intellectual and moral qualifications, is the worst that can be conceived; and the Commissioners, in defending its application to the medical duties, have acted in defiance of the plainest dictates of reason and humanity. The motives which could prompt them to assert, as they have done, that such a mode was calculated "to secure the best treatment to the paupers," are inexplicable.

The terms "fair and open," which the defenders of this system have applied to the competition, will, on a moment's reflection, be seen to be entirely inappropriate. A fair and open competition assumes that the competing parties are placed in equally favourable positions; but in this matter, the circumstances of the parties are totally dissimilar,—the one has *much* to lose, the other to gain, by the issue. Further, the real object in view is not the parochial appointment. If it were,—if the Commissioners honourably announced that they had no wish to interfere with the private resources of established practitioners, but that the young men sent down should be limited, as the house surgeons of hospitals are, to the duties of their offices, then the competition might wear a different aspect; but it is manifestly the field for private practice that tempts the aspirant; the parochial appointment is only the means by which he is enabled to enter it.

The Commissioners are not ignorant of this peculiar feature in the case; their report says, "among the inducements to accept these appointments, is the field they offer for obtaining reputation leading to *more profitable practice*."

The "inducement" which is thus openly held out to adventurers, to compensate themselves for the inadequacy of their salaries by an encroachment on established practitioners, shows that they (the Commissioners) consider the emoluments of private medical practice as means which they have a right to make use of for the reduction of parochial expenditure.

Whence, then, is this more profitable practice to be derived

in a thinly peopled agricultural district? We answer—*solely* from the scanty means of livelihood, too frequently possessed by the established practitioner in such a district.

The authorities possess sufficient power over a medical man in these circumstances, *by the threat of a competitor*, to force his acceptance of any terms, nay, even to perform his parochial duties gratuitously; and they have frequently exercised this power. Can any one assert that a competition, under such circumstances, is “fair?”—Or that terms fixed by such a mode, are likely to afford an equitable remuneration?

After the *open confession* made in the passage last quoted from their report, it is strange that the Commissioners should have stated on another occasion, that—“It is perfectly impracticable to scrutinize the motives of candidates for medical offices.” Still more remarkable is it that in their report they profess to believe that, under these circumstances the candidates “will consider the interests and advantages of their profession.”

Your Committee desire not to be misunderstood on this point. They are far from wishing to object to competition on proper grounds: they believe that every field for practice is open to the whole profession; and they are also agreed, that parochial appointments should be thrown open to all duly qualified practitioners; but the competition must not be one of pounds, shillings, and pence, but of knowledge, of skill, of humanity—the only competition that can be considered honourable to the profession, and desirable to the community.

In judging of the intentions of the Poor Law Commissioners, much assistance will be afforded by a reference to some of the replies which they have made to the complaints of the profession.

On one occasion* the Commissioners assured the applicants, “That the Boards of Guardians should not be prevented making as *many contracts* as they pleased with the medical men.”

* In answer to the Kent deputation.

At another time* they stated—"That they had no desire to interfere with, or direct, the contracts between the parish authorities and their medical attendants." But when the Secretary of State, last year, inquired of them respecting medical relief, they replied to him that "they took *particular* care to supply a sufficient number of medical men for attendance on the sick poor."

It is impossible to reconcile this last with the two previous statements; and each of them may be disproved by a reference to undoubted facts. It is highly desirable that those members of our profession, who have not been personally involved in the parochial arrangements, and who may have believed that the blame does not rest with the Commissioners, should be rightly informed on this point. In numerous instances the Commissioners have interfered to reduce the amount of contract, where the Boards of Guardians had happened to act with justice to the medical officers; whereas, in those cases where a judicious interference might have been useful in checking the more frequent dispositions of the local Boards to make *as few* contracts as possible, and to act with a short-sighted parsimony towards the profession, they (the Commissioners) have declined acting.

A medical gentleman† wrote to the Commissioners last year, representing, in forcible terms, the evil of employing young and inexperienced strangers for the medical care of paupers. In reply, the Commissioners defend this practice by reminding him "that duly certificated medical men, though young, are engaged to attend upon seamen and soldiers in the army and navy."

The difference, however, between an army and navy appointment and a parochial appointment is clear to the most superficial observer. In the former, the young man is first made "*assistant surgeon*," and is, for some time, under the controul of the full surgeon; in the army, especially, every

* Vide Mr. Crosse's speech at the first meeting of the Eastern Association.

† Mr. Bishop, of Maidenhead.

medical officer is responsible and subordinate to the army medical board; and he is, in some degree, limited to certain branches of practice.

In the *parochial* office, on the other hand, the young man is under no professional controul; he has the sole and the irresponsible charge of the most important cases in every branch of practice, even in midwifery, where considerable experience is absolutely necessary; he has not even the advantage of consultation with his older medical brethren; and he need satisfy no one as to his professional competency, and his correctness of practice, but a Board of Guardians!

On another occasion, in a reply to a complaint of the inadequate remuneration afforded, they stated—"That where the new medical appointments had been made, and regulations for medical relief had been brought into operation, the standard of medical remuneration has been raised, compared with that given previously in the separate parishes under the old system."

If by the "standard of medical remuneration" they mean its *actual amount*, the facts in almost every union, as well as their own statements in other documents, completely disprove this assertion; and even, if they mean that considering the reduction of pauperism since the introduction of the new Law, the amount of present salaries affords a better remuneration for the duty performed, than the former salaries did, they are still in error; for, owing to circumstances to which your Committee have alluded, the number of those who receive medical relief has not diminished so fast as the number of recipients of general relief; and from the inconvenient regulations at present in force, and the additional duties imposed, the labour of the medical attendant is very much increased, in proportion to the number of his pauper patients. The salaries, therefore, afford a *lower* standard of remuneration than the former salaries, which were avowedly inadequate; to say nothing of the entire prohibition of specific charges which existed in various ways under the old system.

From all these replies your Committee therefore conclude, that the Commissioners are satisfied with their medical regulations, and that they intend no alteration,

It may, indeed, be said, that the following statement, made a short time since in the House of Commons, augurs favourably for some amendment :—"That in consequence of a late intimation from the Home Department, the Poor Law Commissioners were then consulting how the grievances complained of by medical men might be remedied."

Your Committee, however, have since had reason to believe, that the plan then under consideration was merely—*recommending the more general establishment of their, so called, "medical clubs ;"* and that it had nothing whatever to do with pauper contracts.

The question now, therefore, arises—What is the proper course for medical men to pursue? It is manifest that, from the Poor Law Commissioners, nothing must be expected by way of voluntary concession. They neither listen to our representations, nor appreciate them. But from the Legislature it is reasonable to suppose that the subject will receive due attention, if we are in any measure unanimous in our proceedings and in our requests. Your Committee, therefore, earnestly recommend that immediate measures be taken for conveying the sentiments of the members of this Association to the Government or to Parliament.

It is true that several impediments exist even in those quarters, to an impartial consideration of the subject. The Poor Law is, by the great majority of all parties, believed to be a wise, a beneficial, and a successful measure. The results, as to economy, are already sufficiently apparent; and the whole landed interest of the country is experiencing a considerable reduction of its burdens. Any interference with the details of this measure would be regarded with suspicion and dislike. The opposition of the medical men is liable to the imputation of factious and interested motives; and the power which the parochial authorities now possess over the profession will not be readily yielded.

But these considerations, instead of damping our exertions, should excite us to more vigorous and determined efforts; no private interests, no unworthy fears, no unjust insinuations or

attacks, should prevent our conscientiously pursuing that course which the honour of our body, and the interests of science and humanity, plainly dictate. Your Committee think it right further to recommend, that application be made to the College of Physicians, the College of Surgeons, and the Society of Apothecaries, to adopt such measures as may seem to them best suited to further the objects we have in view.*

Should this Association, and the medical body in general, fail in obtaining redress from the Legislature, after well-considered and well-directed efforts, the alternative is open to us,—either to take a lower station in society, or firmly to decline any participation in the medical appointments of the new Poor Law: we may hope that the latter course will be extensively adopted. A broad line of distinction will then be drawn between those practitioners who are actuated by a high sense

* A brief account of the principal measures which have been already taken by the profession, may be of some use in determining future proceedings.

During the year 1835, the Berkshire Association sent a petition to both Houses of Parliament; that to the Lords was withdrawn at the suggestion of Lord Brougham, on the ground of its being a money question. A memorial was also presented to the Commissioners, from the practitioners of Hertfordshire.

Three Associations were formed in Kent, for protecting the respectability and interests of the profession, one of which forwarded a memorial to the Commissioners.

An Association was likewise formed in Buckinghamshire, from which a memorial to the Commissioners and a petition to Parliament were sent.

During the present year the practitioners of Surry have petitioned Parliament for a Committee of Enquiry.

The Buckinghamshire Association has presented a protest against the first report of the Commissioners, to the Secretary of State, who remarked, that he had heard complaints from no other quarter.

Medical men both in Warwickshire and Worcestershire have since met, and petitioned Parliament for a Committee of Enquiry; and at Worcester a memorial to the Secretary of State was agreed upon.

During the last month, petitions have also been presented to Parliament from Essex, from Colchester, from Chipping-Ongar, from Gloucester, and from Stroud; and a memorial from the Dorsetshire Association to the Secretary of State.

of honour and duty, and those who, from interested motives, would sacrifice the dignity and the usefulness of their avocation.

Your Committee are led, by present occurrences, to regret the want of some general discipline, some presiding influence over the members of our profession; an influence which is exercised in every profession except the medical. It is true that a higher standard of qualification would ultimately accomplish the desired end; but in the mean time, something should be done to check the wretched spirit of rivalry and speculation, the under-bidding, and the jobbing, which unfortunately are but too frequently to be found among medical men.

The prospect which the prosperity of this Association holds out, is almost the only one upon which we can at present look with satisfaction and hope. This Institution seems well suited to raise the tone of moral and professional feeling among medical men in the Provinces; and if, by means of it, more exalted principles, superior aims, and a firmer unity of purpose be infused throughout the great body of general practitioners, we may expect the best results to the interests of the profession, as well as to those of the community.

But your Committee cannot omit some notice of the inconsiderate encouragement which a few of the Lecturers in the London Schools have given to these disreputable proceedings, by recommending their pupils to avail themselves of the openings afforded by the altered arrangements in parishes; and by supplying the Poor Law Commissioners with lists of names from which to select fit and pliant instruments for their purposes. The difficulty of making a successful stand against the oppression and degradation under which the medical body are now suffering, will hardly be wondered at, when it is remembered that we have influential traitors in our own camp.

Your Committee trust that the injurious tendency of the existing regulations is becoming more apparent to those young men who, not content to commence their professional career in the paths which have long been trodden with advantage and improvement, by the most useful and honourable men in the medical profession, have preferred acquiring an unworthy dis-

tion in the "wide fields (to use the Commissioners' own words) for the display of care and skill," which they profess to have thrown open to them.

The errors which occasionally have been committed, and the sufferings which they have unintentionally caused or aggravated, have shown many of these individuals that the experience thus obtained is painful; that their projects are likely to be unsuccessful, and that a professional character thus formed, is neither calculated to promote the science of medicine, nor to do justice to that portion of the community which may hereafter be intrusted to their charge.

Your Committee firmly believe that the present mode of providing medical attendance for paupers, is exercising a most pernicious influence upon the character, the respectability, and the moral and professional capabilities of medical men; and that an improved system might do more than any thing else to raise the general practitioner from his present position.

It may be expected that your Committee should be prepared with some definite plan for parochial attendance to submit to this anniversary meeting; but the difficulties which attend any specific proposition can only be judged of by those who have attentively considered the subject.

Your Committee believe that, in the present state of the medical profession, and with the parochial authorities as at present constituted, no amelioration can be effected without the intervention of some third party. It will be readily granted that a fair remuneration ought to be given for the duties which professional men are called on to perform; the *amount*, however, of such remuneration should not be determined either by those who *pay*, or by those who *receive* it; nor should it be settled by these parties *jointly*, at *their own discretion, in every separate locality*. To speak more plainly, the Commissioners and Guardians should not have the power of deciding what is a "fair" remuneration, for they are interested in reducing it *below par*; on the other hand, the medical body should not have the power of fixing it, for they are interested in raising it *above par*. And further, the

Guardians and the medical men of every separate union should not be allowed to arrange it at their pleasure; for (as it has been proved) the *former*, by requiring "Tenders" from the *latter*, or by threatening the introduction of an adventurer, may, at any time, under present circumstances, reduce the remuneration to their own notions of adequacy. The rate of remuneration should, therefore, be fixed by Legislative Enactment. It should be sufficient in its details, or in the aggregate, to remunerate the medical officer reasonably and justly, for his time, his skill, and his expenses.

If this point be conceded, which we have a right to expect, the form in which the remuneration is to be made is of less importance; whether it be by a return to specific charges, or by a stipend, according to the gross population, or the number of patients, in a given sphere of duty. In either of the three latter cases, the distance of patients or the remoteness of parishes, as well as their superficial extent, should be provided for by an increased rate of stipend, or by allowing an additional charge for journeys.

If the remuneration be adequate, either of these modes might, under certain restrictions hereafter to be mentioned, be adopted; but all of them are liable to abuse, if the rate be not decided by others than those who are personally and directly interested in the decision.

One consideration, indeed, appears to your Committee of great importance, viz. the increased facility that would be given to a settlement of this matter by separating the charges for drugs from those for professional services. Beneficial as such a change would be in the whole circle of the general practitioner's duties, in none would it be more so than in the parochial arrangements.

Your Committee, therefore, have no hesitation in recommending that, wherever it is practicable, a Dispensary should be fitted up for the supply of medicine to the sick paupers of all the parishes within a reasonable distance, *at their joint expense*, unless a more convenient arrangement for this purpose can be effected, whilst the medical officers should be paid

only for the duties which they perform, viz. for attendance, with a graduated charge for journeys, according to the distance and the number of patients.

Your Committee have reason to believe, that the places containing a duly qualified resident practitioner are comparatively few, where some opportunity might not also be afforded for providing the drugs from a distinct source. Where, however, this is not the case, the practitioner might be paid separately for the medicines at the druggist's price.

By the adoption of such a principle, all the ordinary temptations to neglect the poor would be very much guarded against, and the medical officer, without pain to his best feelings, without compromise to his professional respectability, and without *direct* expense, would be enabled to attend the poor, and to indulge those benevolent impulses which find their highest gratification in removing or alleviating human suffering.

Your Committee are of opinion that the whole of the arrangements for pauper medical relief should be under the control of competent authorities, chosen from the medical profession, and fully qualified, for so important an office, by a practical acquaintance with every variety of medico-parochial duty. Such medical superintendants might act in conjunction with the Central Board of Poor Law Commissioners, or they might be appointed to counties, or districts of counties, or go from place to place, at stated times, to perform their functions. These duties would, in truth, be very simple, viz. to investigate all alleged abuses in the administration of medical relief, to secure the proper performance of medical duties, and to receive and examine reports, which should be furnished at regular intervals by the medical officers. Under such a system of medical supervision, the original method of paying for items of attendance might, without fear, be recurred to, since the number of paupers must yearly decrease.

Your Committee would also point out the great advantages which would accrue to medical statistics, and to the science of medicine in general, from a compilation and annual publication of the official returns of parochial surgeons.

But your Committee are far from supposing that providing for a proper supervision of medical duties, and an adequate remuneration for such duties, would remedy all the evils complained of by medical men. The manner in which Boards of Guardians have hitherto frequently exercised their power of electing the medical officers, is not such as to warrant the opinion that they are, on the whole, the fittest parties to possess this privilege. Enmities of no ordinary kind have taken place, in numerous instances, between the new authorities and the established practitioners. It can hardly be expected, therefore, that, where a feeling of hostility exists, the Guardians would exercise their functions in an impartial manner.

Until the power of election be vested in different hands, it is probable that justice will not be done either to the medical men or to their pauper patients. By intrusting to the rate-payers of every parish the privilege of electing a medical officer, with restrictions as to the amount of duty to be performed by any individual surgeon, the pernicious custom of appointing one person to the care of an extensive district of parishes would be effectually abolished; nor can your Committee suggest any better substitute, or a more reasonable and practicable division of medical duties, than a return to the ancient parochial boundaries, except, perhaps, where two or three small and contiguous parishes might be united for such a purpose.

It is difficult to conceive that, under proper regulations, both as to the qualifications of the candidates and the mode of election, together with a strict supervision over the whole medical department, any evil could result from restoring *the right of appointment* to the whole body of rate-payers; the mode or amount of remuneration, under all circumstances, being previously fixed by the Legislature. If there be several eligible candidates, they might be elected in rotation, or what is preferable in large parishes, the duties might be more minutely divided.

In order to avert the evils arising from delay in procuring medical relief, and to prevent imposition on the parochial

funds, the patient should first apply to the medical officer; and as he makes a weekly return of all cases under treatment, the Guardians might then determine who in the list are *paupers*, and who are not.

The medical relief afforded to those who, in the judgment of the Board, could not be considered as "*paupers*," might be "by way of loan," the cost being recoverable according to the provisions of the 58th and 59th sections of the Poor Law Amendment Act.* There would thus be no necessity for any application, in the first instance, to the relieving or parish officers, and the form of an "*order*" might be dispensed with; while prompt attention would be insured to the sick, and the condition and capabilities of the persons for whom medical assistance is required, would undergo a far stricter investigation than is at present practicable.

Your Committee cannot conclude their labours, without reminding the Association that a more intricate and important subject could scarcely be submitted to their consideration. And whether the numerous evils they have pointed out be abated, or the remedies they suggest be adopted, they are willing to hope that ultimate good will arise from the inquiry.

A. W. Davis, M.D. Prestcign.	Thomas Brayne, Banbury.
Thos. T. Griffith, Wrexham.	George Fletcher, Croydon.
Henry Lilley Smith, Sontham.	Robert Ceely, Aylesbury.
Nath. Rumsey, Beaconsfield.	George May, Reading.
Chas. B. Nankivell, Coventry.	H. W. Rumsey, Chesham.
Thos. Workman, Basingstoke.	

* The following additional regulation has been recommended:—Every sick applicant, at the time of receiving medical aid, should be furnished by the medical officer with a certificate, stating that the case required treatment; which certificate should be left with the relieving officer within forty-eight hours. This would afford him an opportunity to make due inquiry into the circumstances of each patient, previously to the subsequent meeting of the Board.